

Born in Cleveland ☐ YES ☐ NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any \_\_\_\_\_ Artist Elizabeth J. Shelton  
FIRST NAME LAST NAME  
Address 2230 Billfield Rd. Blue Hts. 6 Cuyahoga Tel. Fai-2134  
NO. STREET CITY ZONE COUNTY

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

*Elizabeth S. Shelton*  
SIGNATURE